

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND 307527295									
1 Date of Request: _____		2 Serial/Patent # _____							
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED						
<input type="checkbox"/>	Filing		\$						
<input type="checkbox"/>	Amendment		\$						
<input type="checkbox"/>	Extension of Time		\$						
<input type="checkbox"/>	Notice of Appeal/Appeal		\$						
<input type="checkbox"/>	Petition		\$						
<input type="checkbox"/>	Issue		\$						
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$						
<input type="checkbox"/>	Maintenance		\$						
<input type="checkbox"/>	Assignment		\$						
<input type="checkbox"/>	Other		\$						
		7 TOTAL AMOUNT OF REFUND							
		\$							
		8 TO BE REFUNDED BY:							
		Treasury Check							
		Credit Deposit A/C #:							
		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							
10 REASON:									
<input type="checkbox"/>	Overpayment								
<input type="checkbox"/>	Duplicate Payment								
<input type="checkbox"/>	No Fee Due (Explanation):								
11 REFUND REQUESTED BY:									
TYPED/PRINTED NAME: _____		TITLE: _____							
SIGNATURE: _____		<small>Repln. Ref: 67725/2685 PRIDWELL 001/262680</small> <small>DAB: 500005 Date/Number: 10327285</small> <small>FC: 9204 PHONE: \$500.00 CR</small>							
OFFICE: _____									

THIS SPACE RESERVED FOR FINANCE USE ONLY:									
APPROVED: _____		DATE: _____							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: